

Allfor Care Alpha Care Recruitment West And Home Care Service Ltd

Allforcare Trading Alomcare

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected Allforcare Trading Alomcare on 19 October 2015. This was an announced inspection: We gave 48 hours' notice of the inspection because the service is small and we wanted to be sure that the registered manager was available.

At our last inspection of this service on 13 and 15 April 2015 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to care and welfare, safe care and treatment, good governance and staff recruitment.

Allforcare is a domiciliary care agency that provides a range of care supports to adults and young people living in their own homes. At the time of our inspection the service provided personal care to 26 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At the inspection the provider gave us an interim action plan that had been drawn up in July 2015 but not sent to us. We found that some action had been taken to address the breaches we had found. Risk assessments and care plans had been updated to reflect people's identified needs. People told us that they felt safe and well cared for by the service.

However, we found that there were continuing breaches of regulation in relation to staff recruitment and quality monitoring of the service.

Staff recruitment records included references and evidence of eligibility to work in the UK. However, there were a range of failings in relation to staff recruitment relating to criminal record checks, the following up of references and obtaining a work history for an applicant.

Quality monitoring of the service was undertaken but had not been improved or increased to any great extent since our last inspection. The provider, registered manager and office staff took a long time to provide us with documents and policies and procedures when asked and did not demonstrate that they had this information readily available for use.

Risk assessments and care plans for people supported by the service had been updated. We saw that these now reflected people's assessed needs and included detailed guidance for staff in meeting these. We identified concerns about the fact that there were gaps in people's daily care notes, but noted that the importance of ensuring that these were recorded in an appropriate and timely manner had been discussed with care staff during recent team meetings.

People told us that they were happy with their regular carers, but some were concerned about the quality of care that they received when their regular carers were

away. We had concerns about the matching and placement of alternative carers to cover planned leave, along with the monitoring of introduction to the new service user. We have made a recommendation about the matching and evaluation of staff providing temporary cover.

Although we saw that a range of mandatory and induction training had been provided, the staff training records recorded only dates for training and not whether the courses were internal or external or provided online or in taught sessions. There were also gaps in staff's individual training records which made it impossible to tell whether staff had received all the mandatory training. We have made a recommendation about the evaluation and monitoring of staff training.

The service had an up-to-date safeguarding policy and the staff members that we spoke with were aware of this, and knew what to do if they had any concerns about a person's safety.

Medicines were appropriately recorded. However, we noted that there were unexplained gaps in one person's medicine administration record. The registered manager was able to explain but we had not been able to tell from the records. We were shown evidence that the importance of recording medicines support had been discussed at a recent team meeting.

Staff members, people who used the service and family members spoke positively about the registered manager of the service.

We found two continuing breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe. The provider had failed to fully address a previous requirement in relation to staff recruitment, and we found that there was limited evidence of satisfactory criminal records checks and of the following up of concerns identified in professional references.

Risk assessments had been updated and risk management plans reflected good practice

People told us that they felt safe and care staff were able to demonstrate an understanding of safeguarding adults.

Medicines records were generally in good order. We noted that concerns about gaps in records had been discussed with staff at recent team meetings.

Requires improvement



Is the service effective?

Aspects of the service were not effective. Although staff files contained information about induction and mandatory training, the provider did not have a system in place for ensuring that training was fully evaluated and monitored.

People had signed to consent to care. Staff members understood what to do if a person lost capacity to consent.

Staff members had received up to date guidance on food hygiene.

Requires improvement



Is the service caring?

Aspects of the service were not caring. People were happy with their regular carers but raised concerns about the quality of care when their regular carers were away. We had concerns about the matching and induction of relief staff to cover absences.

Staff members spoke positively and respectfully about the people they supported.

People's care plans addressed their religious and cultural needs and preferences.

Requires improvement



Is the service responsive?

The service was responsive.

Care plans had been recently updated and included guidance for staff about how care should be delivered.

People who used the service knew what to do if they had a complaint.

Good



Summary of findings

Is the service well-led?

Aspects of the service were not well led. Quality assurance processes were limited, not up to date and there was little evidence of learning from concerns. Records were not always available.

People spoke positively about the registered manager.

The service worked in partnership with other key professionals involved in people's care.

Requires improvement



Allforcare Trading Alomcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Allforcare Trading Alomcare on 19 October 2015. We reviewed records held by the service that included six people's care documents and five staff records, along with records relating to management of the service.

We also talked with staff on site on the days of our visits. In addition to this we made follow-up contact with other staff members and people who used the service and family members.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information that we held about the service. This included the report of the previous inspection of this service, notifications that we have received from the service and safeguarding referrals relating to the provider. We also made contact with commissioners and social workers from the local authority. We spoke with four people who used the service, two family members, the registered manager, the provider and five staff members.

Is the service safe?

Our findings

The majority of people who used the service and family members that we spoke with told us that they felt that the service was safe. Comments included, “My carer knows what I need,” and, “I do feel safe with them.” However, one person told us that their carer sometimes arrived late. A family member also said, “The carers often arrived late, and although this improved after we spoke with the manager, [my relative] is worried about the carers they will get when their regular carers are off.”

At our last inspection of 13 and 15 April 2015 we found that the provider was in breach of Regulation 19 of The Health and Social care Act 2008 (Regulated Activities) Regulations 2014. We had found that there were failings in the provider’s staff recruitment practices in relation to criminal record checks, applicant’s rights to work in the UK and the references provided in support of staff. At this inspection the provider showed us an action plan they had drawn up to meet the breaches we had identified. In relation to staff recruitment the action plan involved carrying out all employment checks to a national standard and checking when visas had expired. The provider had aimed to complete this by 10 August 2015.

We did not find any further failings in relation to checks made about the staff’s right to work in the UK. However, we did find continued failings with the provider’s recruitment procedures. We looked at five staff recruitment files. We found that for three of the staff the provider had not obtained criminal record checks. They had obtained criminal record checks from previous employers but in one case the check had been made more than one year previously and in a second case more than eight months previously. We found that the provider did not have a clear system for obtaining criminal record checks for new staff, was not using the Disclosure and Barring Service’s initiatives for obtaining quicker checks, such as the DBS Update service, and was not retaining evidence for all staff that criminal record checks had been made.

We found that for one member of staff inadequate checks had been made to follow up information of concern from a previous employer before providing the staff member with care work. This included the follow up of a reference and the establishment of a full employment history. We found

that the provider’s recruitment procedures were not detailed enough to cover this type of situation. Risks were presented to people receiving care from the agency as a result.

The above findings are evidence of a continuing breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection of 13 and 15 April 2015 we had found that the provider was in breach of Regulation 12 of The Health and Social care Act 2008 (Regulated Activities) Regulations 2014. We had found that risk assessments maintained by the provider did not always contain appropriate information relating to people’s care and safety in relation to behaviours that were considered challenging and supporting people with epilepsy.

During this inspection we saw that risk assessments had been revised and these now reflected information contained in people’s care documentation. Risk management plans for people whose behaviours presented challenges provided guidance for staff on how to manage these. The risk management plans for people with epilepsy now reflected best practice guidance in supporting people who were experiencing seizures.

At our last inspection of 13 and 15 April 2015 we made a recommendation about the monitoring of care calls. The provider had in place a computerised system which monitored times of arrival and departure of care staff at the home of the person who was using the service. If a staff member had not arrived within three minutes of the due time, an immediate alert was raised with the service. The provider told us that some people did not wish staff to use their home phones to log in and out when making home visits, and we had recommended that a system be put in place to ensure that there was monitoring of staff attendance for these people.

At this inspection we asked if this was now in place, and although the manager told us that the service was monitoring all care calls they were unable to show us evidence of this. The manager said that, “people tell us when carers turn up late, and we deal with it immediately.” One person and a family member that we spoke with told us that they had raised concerns with the manager regarding care staff arriving very late for planned calls. They told us that following their discussions with the manager, the punctuality of care staff had improved.

Is the service safe?

The service's medicines policy and procedure was detailed and referred to the Royal Pharmaceutical Society's guidance on the management of medicines for domiciliary care organisations. We saw that detailed medicines information was in place for each person who used the service. Staff signed a medicines administration record for the person whom they were supporting when medicines had been received. We noted, however, that there were unexplained gaps in one of the medicines administration records that we viewed. The manager told us that the person would have been in hospital at this time, but there was no record of this in their care documents. Although the medicines administration record showed codes that should be entered to indicate reasons why medicines had not been given, this had not been done for this person. The manager told us that the importance of ensuring that all records were fully completed had been discussed at with staff members at recent team meetings, and we saw records of these meetings which showed that these discussions had taken place.

The service had a safeguarding policy and procedure. Staff that we spoke with were able to describe types of abuse, the signs and indicators that might indicate abuse and what they should do if they had a safeguarding concern.

All staff had received training on infection control procedures and were provided with disposable gloves and aprons, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office and staff members that we spoke with told us that they collected supplies of these when they came to the office to submit their weekly time sheets.

Records of accidents and incidents were viewed and we saw that these had been reported immediately to the service, and that appropriate action was taken.

The service maintained a 24 hour on-call service. Staff members and people who used the service and their family members told us that they knew what this was and would use it if they had any concerns and needed to speak with a manager. The provider also had a business continuity plan in place, which included, for example, actions to be taken in case of severe weather conditions, office closure and significant traffic delays.

Is the service effective?

Our findings

People who used the service and their family members were generally positive about the support that they received from staff. We were told, “My carer is great. She does what I need and asks me if there are any problems” Another person said, “I didn’t want care, but I’ve got used to them now and they do help me a lot.” However, one person and a family member told us that they were not happy about the care that they received when their regular carers were unavailable. We were told, “They don’t seem to tell them about [my relative’s] needs before they come.”

At our last inspection of 13 and 15 April 2015 relatives had raised concerns with us about food hygiene and staff knowledge in this area. We gave the provider a recommendation about this. At this inspection the provider showed us their action plan which stated that food hygiene guidance would be provided for staff. We saw that this had happened through group supervision sessions for staff and the production of written materials.

The staff files we looked at contained evidence that staff were provided with regular supervision and appraisals. We also saw that new staff had received induction training and that a training record for each member of staff was kept. The individual staff training records were a list of training courses with dates but did not provide details of whether the courses were internal or external. They were supplemented by training certificates which provided additional evidence. However, without a more detailed and comprehensive system of capturing staff training there was a risk that staff may have missed specific training courses.

People’s care records showed that they were supported by the same staff members wherever possible. The registered manager told us that the service planned for absences to ensure that staff who were familiar with the person covered these. However we found that that, in one case, a newly recruited staff member was assigned to work with a person with significant support needs three days prior to a regular carer taking planned leave. Although the records maintained by the provider showed that the new carer had

“shadowed” the regular carer on one day, these did not include information about how long this was for, what it included, and whether management monitoring of this had taken place.

Staff team meetings took place on a regular basis. We looked at notes of meetings from June, July and September 2015. Topics discussed included food hygiene, the importance of accurate daily recording, the roles and responsibilities of care workers and the requirements of the last CQC inspection report.

The service had a policy and procedure on Capacity and Consent that followed the requirements of The Mental Capacity Act (2005). The care plans that we viewed showed that information about peoples’ capacity to make decisions about their care was recorded. A new consent form had been introduced since our previous inspection, and we saw that copies of these were retained in the care files and signed by the person or their representative.

Training records showed that the majority of staff had received training on The Mental Capacity Act. We asked staff members what they would do if a person appeared to lack capacity to consent to any decision. Staff members who we spoke with told us that they would try their best to find ways of communicating with the person to enable them to make the decision. One staff member said, “my client gets confused, so I show them what I am going to do and give them time to say if they are happy with this.” Another told us, “if I found that my client wasn’t able to understand me, I would try everything and then ask a manager for advice.”

Detailed information about people’s health needs was contained within their care files. These also included information about key health professionals. The care notes that we viewed showed that there had been liaison with, for example, general practitioners and community nurses where appropriate.

We recommend that the service reviews its process for the evaluation and monitoring of staff training to ensure that all staff members have received training needed for their roles.

Is the service caring?

Our findings

People and family members that we spoke with told us that they considered that the service was caring. One person said, “I am happy with my regular carer. She is very respectful and always asks if I am OK with things.” A family member told us, “it took a long time for [my relative] to get used to having care at home, but she looks forward to the carers coming now.”

The registered manager told us that, in the main, people received care from regular care staff and this was generally confirmed by the people who used the service, their family members and staff whom we spoke with. The registered manager told us that, wherever possible, absences were covered by staff already known to people who used the service. However two people and a family member that we spoke with told us that they had been unhappy with care that had been provided by temporary staff covering for a regular carer. One person told us, “I don’t think they ever looked at my care plan,” and a family member said, “the staff member was always late and I worried about [my relative] who needed to take their medication on time.”

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person’s needs and establish a relationship with them. However we noted that the records of ‘shadowing’ for one new staff member who would be working with a person alone on ‘live-in’ basis were limited and we could not be sure that this staff member had received an appropriate induction to the person’s needs.

The care plans that we looked at contained information about people’s history, interests, cultural needs and preferences. Where people had specific religious or cultural needs this was recorded.

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. One told us, “I like my lady and look forward to seeing her. I hope I do her care well.” Another said, “sometimes we don’t have a lot of time but we need to make sure we care at the pace of the client.”

The service had policies and procedures on privacy and dignity, non-discriminatory practice, personalised care and rights. The people who used the service and family members who we spoke with were generally positive about staff approaches towards this. We were told, “they always ask me how I am feeling and what I want,” and, “they treat me very well.”

People who used the service and family members told us that they were generally satisfied with the information that they received from the service, although one person said, “they don’t always tell me if my carer is changing.”

The service had a policy on advocacy and held information about local advocacy services. At the time of our inspection, nobody was using an advocate, but the registered manager told us that the service would try to arrange for this support should it be necessary.

The staff team meeting records that we saw showed that concerns about care of people who used the service were discussed regularly.

We recommend that the service reviews its processes for matching and inducting temporary carers who are covering the absences of regular care staff.

Is the service responsive?

Our findings

Three people who used the service and a family member told us that they were pleased with the way that they were supported. One person said, “my regular carer is really good. I sometimes feel unwell and they are flexible to support me.” A family member told us, “we have asked for changes and they have helped us with this.” However one person and a family member that we spoke with told us that they had experienced difficulties when trying to speak with the manager on the telephone. We were told, “messages don’t get through and some of the office staff are not very helpful.”

At our last inspection of 13 and 15 April 2015 we found that the provider was in breach of Regulation 9 of The Health and Social care Act 2008 (Regulated Activities) Regulations 2014. We had found that there were failings in the accuracy of people’s care plans. The plans that we viewed had not always included guidance for staff members about how care tasks should be carried out. In addition, care plans had not always been updated to include accurate information about changes in people’s needs.

At this inspection we saw that people’s care plans had been revised. The plans that we viewed included guidance for staff about how they should work with people to support their care needs. In addition, care plans reflected up to date information about any changes in people’s needs.

However, when we looked at daily care notes for people who used the service, we found a number of unexplained gaps in recording of care visits and tasks undertaken. We asked the registered manager about monitoring of daily

records of care. She told us that notes for the previous week were brought to the office each Monday by care staff. Although she was unable to provide us with evidence of how care the quality and accuracy of care notes were monitored, she told us that concerns about gaps in the records had been noted and discussed with staff at recent team meetings. The team meeting notes that we viewed showed that this was the case.

Records showed that people who used the service, or their family carers where appropriate, were periodically contacted by telephone or through a personal visit to assess their views about the care provided by the service. The registered manager also undertook spot checks of care through unannounced visits to the person’s home just before, or at the time care were due to be provided, and we saw records of these checks. People that we spoke with confirmed that the manager kept in touch with them.

The service had a complaints procedure that was supported by a leaflet outlining the process that was provided to people who used the service. People that we spoke with said they understood the complaints procedure and told us that if they had a complaint about the service, they would raise this with the manager. We were told by one person and a family member that, when they had complained to the manager, the service had improved. Another family member told us that they had complained to social services, “and then things got better.”

The record of complaints, concerns and compliments maintained by the service showed that recent complaints had been addressed appropriately.

Is the service well-led?

Our findings

Three people who we spoke with told us that they thought the service was well led. One person said, “the manager is helpful. She came to see me and sorted out my problem.” However, one person and a family member were unhappy about the management of the service. We were told, “the manager is nice and she listens to me, but nothing seems to change,” and, “I’m not convinced that making them aware makes a big difference to my [relative]’s care.”

At our last inspection of 13 and 15 April 2015 we found that the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that there were failings in the provider’s systems to assess, monitor and improve the quality and safety of the services provided. We also found failings in assessing, monitoring and mitigating risks to people using the service and failings in maintaining accurate, complete and contemporaneous records for people using the service. In addition, we had found that the provider had not notified us of specific incidents which they are required to do by Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

At this inspection we found that although there were some mechanisms to check care provided such as spot checks, telephone monitoring and service user questionnaires they did not amount to an effective overall system. For example, there was an electronic call monitoring system but the provider told us that the system was not used for 15-20 people using the service. For these people we were told care provision was monitored by spot checks and telephone monitoring. However, from our review of staff files we saw that the spot check frequency averaged once in five months and we were only shown nine telephone monitoring checks for 2015 which amounted to an average of one per month.

In addition to this we found that the office staff were slow to find information requested such as the quality assurance records and policies and procedures. The information was not to hand. One example of this was that the registered manager was not sure how many people care was being provided to and the provider told us it was between, “15-20 people”. We also found the office system wanting when we asked about matters that must be notified to us by law. Despite us seeing evidence that staff had been provided with guidance as to how and what to report to us we had

received information from a local authority about matters which should have been reported to us. The provider told us that they had reported the incidents and gave us a copy of the notifications. However, there was no receipt to confirm that the provider had sent the notifications and we had not received details by other means such as a telephone call.

We found further failings in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was evidence that postal surveys had taken place with people using the service and evidence of an annual quality assurance monitoring report which had identified areas of underperformance to address. However, there was no written evidence that the areas of underperformance had been addressed, the provider, registered manager and office staff were at first unclear as to what quality procedures they were working to and the provider’s action plan from our 13 – 15 April 2015 inspection report was only in an interim format.

When we asked the provider about monitoring of care notes and other documentation we were told that this took place but at the time of our inspection they were unable to access the information on their computer systems. We asked the provider to provide us with monitoring information that was unavailable during our inspection. We received two monitoring reports: A report named ‘Monthly Reports’ dated 18 March 2015 and another named ‘Quality Assurance and Service Review’ dated 24 April 2015. Although the reports identified actions taken to address outstanding concerns, we noted that there was an error in relation to one action included in the report dated 24 April. This specified that the provider’s certificate of registration was displayed and accurate. However, during our inspection we observed that an out of date certificate of registration was displayed.

The above is evidence of a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their family members were aware of who the registered manager was and generally spoke positively about them. Staff members were also positive about the registered manager, and felt that they were well supported. The staff members that we spoke with told us that they would always contact the registered manager for advice if they had a question or concern.

Is the service well-led?

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example social workers, general practitioners and community and specialist nursing services.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person failed to fully assess, monitor and improve the quality of services provided.

The registered person failed to ensure that records were securely maintained.

Regulation 17(2)(a)(d)

The enforcement action we took:

We issued a warning notice on 16 December 2015. The provider is required to become compliant within one month of this date.

Regulated activity

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person failed to have suitable arrangements in place for ensuring that all staff were fit to carry out the duties required of them.

Regulation 19(2)

The enforcement action we took:

We issued a warning notice on 16 December 2015. The provider is required to become compliant within one month of this date.